



City of Concord  
General Services

(603) 225-8693

www.onconcord.com

## **E-Z PAY PLAN**

(Recurring electronic funds transfer program)



### **UTILITY PAYMENT ENROLLMENT/CHANGE FORM**

Please check one:

New Participant \_\_\_\_\_ or Current Participant Change Request \_\_\_\_\_

#### **UTILITY ACCOUNT INFORMATION** (one form for each service address is required)

Account # \_\_\_\_\_ Irrigation Account # (if applicable) \_\_\_\_\_

Name \_\_\_\_\_ Owner/Tenant (circle one)

Service Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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#### **BANK ACCOUNT INFORMATION:** (refer to your bank for any questions on this section)

Type of account you wish to be debited: checking \_\_\_\_\_ or savings\* \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_

Bank Routing (ABA) # (first 9 digits on bottom left of check) \_\_\_\_\_

Bank Account # (next series of digits, excluding the check#) \_\_\_\_\_

Name of Bank \_\_\_\_\_

Bank Phone # \_\_\_\_\_

**AUTHORIZATION:** I authorize the City of Concord to withdraw the amount of my monthly utility bill directly from my checking or statement savings account as indicated above. (known as the E-Z PAY plan). I understand that the debit may be made up to 4 business days prior to the Due Date, further, that the City of Concord is not liable for any damages that may result from a draft made on a disputed bill unless I have contacted the Utility at least 6 business days prior to that due date. A notice will be printed on the monthly statement prior to the first debit, which serves as notice that my enrollment is complete. If, at any time I decide to terminate my participation in the E-Z PAY plan, I will notify the Utility **IN WRITING** at: City of Concord General Services, 311 N State St., Concord NH 03301 att: Utility Billing. The Utility retains the right to discontinue the E-Z PAY plan and/or my participation upon proper notification of same. I acknowledge that I have read and agree to these terms.

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Account Holder (s) Signature for Authorization

Dated

\*if you have selected savings, be sure to check with your bank for correct ABA #

MAIL TO: CITY OF CONCORD, GENERAL SERVICES, UTILITY BILLING  
311 N STATE ST  
CONCORD NH 03301